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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2080  
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6958</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u> <u>0730</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>leaves</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile N E of Platte City</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Joseph</u>		b. (Middle) <u>Harber</u>		c. (Last) <u>Stephens</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 3, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Sharpsburg, Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wesley Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Flora</u>		14. NAME OF HUSBAND OR WIFE <u>Imogene Ireland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joseph Stephens</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary carcinoma</u> DUE TO (c) <u>of stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>1 year</u> <u>151X</u>	
19a. DATE OF OPERATION <u>1-18-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach with metastasis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Platte City, Mo., Missouri</u>		21f. HOW DID INJURY OCCUR? <u>no</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>no</u>		22. I hereby certify that I attended the deceased from <u>Dec 15, 1949</u> , to <u>Jan 15, 1950</u> , that I last saw the deceased alive on <u>Dec 15, 1949</u> , and that death occurred at <u>11:18 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Graham Parker M.D.</u>		23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>1/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Platte Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-18-50</u>		REGISTRAR'S SIGNATURE <u>Philipa Rallier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Daugherty Funeral Home</u>			
				ADDRESS <u>Weston, Mo.</u>			

RECEIVED

JAN 31

District Health Officer No. 8,

District File Number.....

Date Filed 2-7-50.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*W. R. Cavanah*

Licensed Embalmer No. ....

*64023*

P. O. Address.....

*Winston Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.